

JUL 09 2013

## COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on 02/14/2013 and conducted by Evaluator Kerry Hiratsuka

COMPLAINT CONTROL NUMBER: 23-SC-20130214084926

FACILITY NAME:	EMERITUS AT EMERALD HILLS	FACILITY NUMBER:	317001692
ADMINISTRATOR:	GOINS-ALI, MONICA	FACILITY TYPE:	740
ADDRESS:	11550 EDUCATION STREET	TELEPHONE:	(530) 888-8847
CITY:	AUBURN	STATE:	95602
CAPACITY:	110	CENSUS:	81
		UNANNOUNCED	DATE: 06/20/2013
MET WITH:	Mary Ann Peterson	TIME VISIT BEGAN:	09:20 AM
		TIME COMPLETED:	01:45 PM

### ALLEGATION(S):

1 Resident was retained with a prohibited health condition.

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### INVESTIGATION FINDINGS:

1 LPA Hiratsuka, delivered the result of this allegation.

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Community Care Licensing Division (CCLD) staff, were able to verify through medical records that R1, developed several stage three and unstageable dermal ulcers while residing at this facility and they retained R1. This time frame is late 2008 to early 2009.

The allegation is substantiated.

Deficiencies cited from the California Code of Regulations, Title 22, and California Health and Safety Code. Failure to correct the deficiencies may result in civil penalties.

appeal rights left with report.

### Substantiated

### Estimated Days of Completion:

SUPERVISOR'S NAME: MaryJo Tobola

TELEPHONE: (916) 263-4723

LICENSING EVALUATOR NAME: Kerry Hiratsuka

TELEPHONE: (916) 263-4700

LICENSING EVALUATOR SIGNATURE:



DATE: 06/20/2013

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/20/2013

This report must be available at Child Care and Group Home facilities for public review for 3 years.

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: EMERITUS AT EMERALD HILLS  
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 317001692  
VISIT DATE: 06/20/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 06/21/2013 Section Cited 87815(a)(1)	1 Prohibited Health Conditions. In addition to 2 Section 87455(c), persons who require health 3 services or have a health condition including, but 4 not limited to, those specified below shall not be 5 admitted or retained in a residential care facility for 6 the elderly: Stage 3 and 4 pressure sores (dermal 7 ulcers).	1 By 06/20/2013, all care staff and administrator shall 2 have training on dermal ulcers from an outside 3 vendor that is not related to this company. Proof of 4 scheduled training registration shall be submitted to 5 CCLD, within 24 hours.
	8 This facility retained R1, after R1 developed several 9 stage three and unstageable dermal ulcers.	8 Upon completion of vendorized training, a copy of 9 the training curriculum and list of staff who attended 10 shall be submitted to CCLD.
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: MaryJo Tobola

TELEPHONE: (916) 263-4723

LICENSING EVALUATOR NAME: Kerry Hiratsuka

TELEPHONE: (916) 263-4700

LICENSING EVALUATOR SIGNATURE:



DATE: 06/20/2013

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/20/2013